

Provider Complaint & Appeal Summary Report

Health Plan ID: 2162519  
Health Plan Name: Amerigroup Louisiana, Inc.  
Health Plan Contact: \*\*\*  
Contact Email: \*\*\*  
Report Period Start Date: 20131001  
Report Period End Date: 20131031

BAYOU HEALTH Reporting

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Document Name: PROVIDER COMPLAINT & APPEAL SUMMARY REPORT  
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File Type: Excel  
Subject Matter: Informatics (I)

Summary of Appeal Decisions	By Health Plan	By Arbitration
Total # Decisions	765	
% Upheld		
% Overturned		
% Withdrawn		

Reporting Period	COMPLAINT STATUS	Total # of Provider Complaints	# of COMPLAINTS by ISSUE CATEGORY							# Complaints Pending or Closed 31 to 90 Days Post File Date <sup>1</sup>	# Complaints Pending or Closed >90 Days Post File Date <sup>1</sup>	Total Provider Appeals	By Appeal Type		# Appeals Pending or Closed 31 to 90 Days Post File Date <sup>2</sup>	# Appeals Pending or Closed >90 Days Post File Date <sup>2</sup>
			Claims / Payments	Covered Services	PAs/Referrals	PCP Auto-Assign/ Linkages	Provider Registry/ Directory	Lack of Information /Response	Other				Pre-Service Denial	Payment Denial		
Sep-2013	Received this Month	584	539	12	2	10		15	6			765		765		
	Total Closed this Month	556	516	7	2	10		15	6			723		723		
	Withdrawn by Provider	510														
	Per Internal Plan Action/Decision	529	510	7	2	10						723		723		
	Per Independent Arbitration															
	Per DHH Review															
	Other	27	6					15	6							
	Total Pending (cumulative as of month end)	175	163	5		7						148		148		
	Information needed from Provider															
	Internal Plan Review	175	163	5		7						148		148		
	Independent Arbitration															
	DHH Review															
	Other															
2013 Year to Date (YTD)	Total Complaints Received YTD	7450	6902	81	79	68	22	80	100			6226	0	6226		
	Total Closed YTD	7992	7659	67	65	56	18	58	69			4425	0	4425		
	Withdrawn by Provider	39	4	9	23	1	2	0	0			0	0	0		
	Per Internal Plan Decision/Correction	8272	8060	45	33	55	16	5	58			5148	0	5148		
	Per Independent Arbitration	0										0	0	0		
	Per DHH Decision	3	2	0	1	0	0	0								
	Other	226	109	20	10	10	0	68	9			0	0	0		

<sup>1</sup>You must submit Attachment 1 - Complaint Summary Listing detailing all pending or closed (A1) complaints not resolved within 30 to 90 days

<sup>2</sup>You must submit Attachment 2 - Appeal Summary Listing detailing all pending or closed (A1) appeals not resolved within 30 to 90 days.

PI 182 - Attachment 1: Summary listing of Complaints Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: Amerigroup Louisiana, Inc.  
Reporting Period: 20131001 - 20131031

Status Category Codes	
Pending	Closed
P1-Information needed from Provider P2-Internal Plan Review P3-Per Independent Arbitration P4-Referred to DHH P5-Other	C1-Withdrawn by Provider C2-Per Internal Plan Action/Decision C3-Per Independent Arbitration C4-Per DHH Review C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Complaint	Organization	Summary of Complaint	Summary of Attempts to Resolve Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
6/28/2013	The Hearing Center		Hearing aid batteries - quantity limit discrepancies. 2004 LA Medicaid Provider had a specific quantity which the provider expected to be reimbursed.	Amerigrroup corporate review- LA Medicaid new manual does not specify battery quantity limitations.		65	C2

PI 182 - Attachment 2: Summary listing of Appeals Pending or Closed in Current Reporting Month that were closed 30 to 90 or more days after Original Date Filed

Health Plan Name: Amerigroup Louisiana, Inc.  
Reporting Period: 20131001 - 20131031

Status Category Codes	
Pending	Closed
P1-Information needed from Provider P2-Internal Plan Review P3-Per Independent Arbitration P5-Other	C1-Withdrawn by Provider C2-Per Internal Plan Action/Decision C3-Per Independent Arbitration C5-Other

Date Filed (YYYYMMDD)	Name of Person Filing Appeal	Organization	Summary of Complaint	Date Closed (YYYYMMDD)	# of Days Pending or to Close	Status Category
N/A						